CLAIMS ONLY

Application Number	Filing Date
10/601518	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 5-19-04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2							52						
3		1					53						
4							54						
5		2					55						
6		2					56						
7	1						57						
8							58						
9		2					59						
10		2					60						
11							61						
12							62						
13		2					63						
14							64						
15							65						
16		2					66						
17		1					67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32		2					82						
33							83						
34		2					84						
35		1					85						
36		2					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	37						Total Depend						
Total Claims	41						Total Claims						